

2011 Summary of Benefits (Most City Employees)

Plan Features	Washington Dental Service (WDS)
Calendar Year Deductible	\$50 per person, \$150 per family (No deductible for preventive services)
Annual Maximum Benefit	\$2,000 per person per year
Diagnostic and Preventive (routine and emergency exams, x-rays, cleaning, fluoride treatment, sealants)	Incentive payments levels 1 st Year – 70% 2 nd Year – 80% 3 rd Year – 90% 4 th Year – 100%
Crowns, Inlays, Onlays	Constant 70%
Prosthodontic Services (Dentures, Bridges)	Constant 50%
Orthodontia	Dependent Child(ren) Only Plan pays 50%
Lifetime Maximum	\$1,500
Choice of Providers	In-Network: Any contracted provider. Out-of-Network: Expenses paid will be based on actual charges or Washington Dental Service's maximum allowable fees for nonparticipating dentists, whichever is less. You will be responsible for any balance remaining.
Periodontics (surgical and nonsurgical procedures for treatment of the tissues supporting the teeth)	Paid according to incentive payment levels shown above
Endodontics (treatment of tissues surrounding root of tooth)	Paid according to incentive payment levels shown above, Root canal treatment of same tooth covered only once in a 2-year period.
Oral Surgery (routine and surgical extractions)	Paid according to incentive payment levels shown above, Root canal treatment of same tooth covered only once in a 2-year period.
Temporomandibular Joint (TMJ) Disorders	Not covered
Dental Implants	Constant 50%
Other	N/A